

Intervention: Provider reminders and provider education, with or without patient education

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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| <input checked="" type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input checked="" type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

These interventions educate and prompt health care providers to identify, advise, and assist tobacco-using patients in cessation efforts. Efforts to increase the number of people who stop using tobacco include: (1) Prompting health care providers to identify and to discuss with tobacco-using patients the importance of quitting ("provider reminder"), (2) An education program for providers, so that they can help their patients quit tobacco use ("provider education") (3) Self-help materials for patients interested in quitting ("patient education").

Findings from the systematic reviews:

There is sufficient evidence that provider reminders and provider education with or without patient education are effective in increasing smoking cessation. For interventions that included a provider reminder system and a provider education program, the median absolute percentage difference in the number of patients who receive advice from a provider to quit tobacco use was an increase of 20 percentage points. The median absolute percentage difference in the number of patients who quit tobacco use was an increase of 4.7 percentage points.

For interventions that included patient education, provider reminders, and provider education, provider advice to quit increased by 22 percentage points and the absolute percentage difference in the number of patients who quit was an increase of 5.7 percentage points.

These programs are applicable in different settings and populations, and with different forms of tobacco. The 20 qualifying studies were carried out in a variety of health care settings including HMOs, private practices, physician training programs, and public health clinics as well as in provider populations such as primary care, internal medicine, and family medicine. Fifteen studies measured delivery by providers of quit advice, and 14 studies measured how many patients quit.

References:

Guide to Community Preventive Services - www.thecommunityguide.org/tobacco